

Certificate of Liability Insurance Requirements

(All letters referenced on Certificate of Liability Insurance Sample must be completed properly)

PROOF OF INSURANCE – Each applicant must file an original or facsimile certificate of liability insurance with the license application. The certificate must contain the following information:

- A** The insurance certificate must be dated as follows:
 - (1) For renewals, the certificate must be dated September 1st or later and received no later than October 31st.
 - (2) For all new applicants, applicants not in good standing, and for any applications received after October 31st, the certificate must be dated no earlier than 15 days prior to the date the application is received.
- B** The name of the insurance company providing the coverage.
- C** The name, address & phone number of the agency that produced the certificate.
- D** The insured party, which must be the true legal name of the party applying for the license, as follows:
 - (1) If an individual, the applicant's name as well as the business name.
 - (2) If a partnership, the names of all partners and the name of the partnership.
 - (3) If a limited liability company, the true legal name of the company.
 - (4) If a corporation, the legal corporate name.
- E** The physical address of each location for which insurance coverage is provided.
- F** A description of the vehicles covered by garage liability or automobile liability insurance that must include one of the following:
 - (1) **Any owned and non-owned auto (Covered auto symbols 22 & 29)**
 - (2) **Any Auto (Covered auto symbol 21)**
- G** The effective date and the expiration date of the insurance coverage. The coverage may not be less than one year, and must not expire less than 75 days from the certificate date.
- H** The dollar amount of insurance coverage provided. The coverage amounts shown must be no less than \$25,000 bodily injury per person per accident; \$50,000 combined bodily injury per accident; \$25,000 property damage per accident or a combined single limit of \$75,000 per accident may be shown.
- I** A statement that the insurance company will provide **30 days** written notice to the certificate holder in the event the coverage is cancelled before the policy expiration date.
- J** The certificate holder must be listed as:

Alabama Department of Revenue
Sales, Use & Business Tax Division
P.O. Box 327550
Montgomery, AL 36132-7550
- K** The original or facsimile signature of an authorized representative of the insurance company, and the agent's **State of Alabama license number**.

(Refer to www.revenue.alabama.gov/licenses/liabins.html for the complete regulation.)

ACORD CERTIFICATE OF LIABILITY INSURANCE		A DATE (MM/DD/YY)
PRODUCER C	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. INSURERS AFFORDING COVERAGE	
INSURED D	INSURER A: INSURER B: INSURER C: B INSURER D: INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
or	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO F <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS or <input checked="" type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$75,000.00 H BODILY INJURY (Per person) or \$25,000.00 BODILY INJURY (Per accident) \$50,000.00 PROPERTY DAMAGE (Per accident) \$25,000.00 or
&	GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO F				AUTO ONLY - EA ACCIDENT \$75,000.00 H OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

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CERTIFICATE HOLDER J ALABAMA DEPARTMENT OF REVENUE SALES, USE & BUSINESS TAX DIVISION PO BOX 327550 MONTGOMERY, AL 36132-7550	ADDITIONAL INSURED; INSURER LETTER: _____ CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE K
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